The Hampden Hippocrat

A Bulletin for the Hampden District of the Massachusetts Medical Society

VOLUME XX JANUARY, 1964 NO. 1

Special Issue

public relations

MEMBER
MEDICAL SOCIETY
MAGAZINE GROUP

Hampden District Medical Society

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The Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult."
Hippocrates

Founded in 1942 by Drs. Edward P. Bagg and William A. R. Chapin, and published monthly except July and August.

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THE HAMPDEN HIPPOCRAT, JANUARY, 1964

EDITORIAL

P-R: EVERYBODY'S RESPONSIBILITY

W. W. Byrnes, M.D., Chairman, Public Relations Committee

In one of his recent messages to the membership President Murray reminded all of us that only designated officers are authorized to speak for the Society (Hippocrat, Nov., 1963). This, of course, is as it should be but, whether we realize it or not, we are all spokesmen for our profession in one way or another. Public relations, we are reminded often enough, is not the sole responsibility of the P-R Committee; it is in fact the responsibility of each and every practicing physician. Whatever we say or do, and the way we say it or do it, affects our image in the eyes of the public. And finally, even our secretaries and medical assistants can influence our relations with the public for better or for worse. This is one of the reasons why organized medicine supports the Medical Assistants Association because one of its main objectives is to improve relations between our profession and the public.

What should be emphasized also is that the principles of medical ethics

NEXT DISTRICT MEETING, FEB. 4 (See Page 13.)

must never be sacrificed for the sake of P-R. In our eagerness to cooperate with the press, for instance, we must first and always safeguard the privacy and confidence of our patients. Recently a medico-press conference was held (Hippocrat, Dec., 1963) which proved very productive and promising. One of the questions raised at the conference was this: should a patient's condition, his diagnosis, etc., be divulged to the press? Everybody in attendance — including our fourth estate colleagues—agreed that, unless properly authorized by the patient or his family, such divulgence would be ethically and legally wrong. It was also agreed that reporters seeking information on a general medical topic be referred to the Society or to spokesmen designated by the Society. On the other hand, there is no reason why a physician's name may not appear in the press, on radio or TV, in connection with political, social, athletic or other non-medical activities. Also, any member may publish in the newspapers the removal of his office in the form of a short, simple statement, but he must not abuse the occasion for purposes of self-adulation or advertising. In all questionable cases we should refer to the Publicity Guide of the MMS, published elsewhere in this issue.

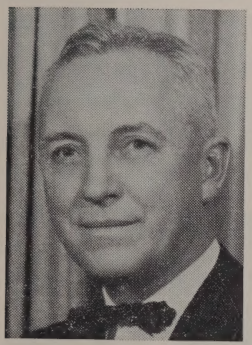
Since, as mentioned earlier, P-R is everybody's responsibility, how are we to go about exercising it? First, we must at all times render competent and considerate care to all our patients. P-R, as we all know, begins at the patient's bedside. Next, we are to keep ourselves informed on all issues affecting the practice of medicine. In addition to the clinical and scientific we are to get into the habit of reading also the Hippocrat, the MMS Newsletter, and the socio-economic pages of the N.E.J.M. and J.A.M.A. More of us should attend meetings and more of us should participate actively in committee work. The response to our Society's call for speakers has been good, but could be improved upon.

In other words, let us all try to become more active members of our Society. In so doing we are practically certain to establish more favorable public relations so vitally important in the critical months and years ahead of us.

"To substitute for principle that which may appear to be more acceptable or palatable to the general public in the name of public relations is a hazardous expedient — the first step along the merry road to oblivion."

Everett R. Spencer, Jr., Director
P-R and Administration, M M.S.

President's Page



Medicine, for too long, chose to believe that the need for public relations was restricted to other forms of endeavor, and that our own profession could easily get along without it. The reasoning must have been somewhat as follows: the inherent good in our profession as bequeathed to us has continued untarnished for many generations. Surely the public is fully aware of this heritage — surely it would be unbecoming to accentuate the obvious.

During the past few decades, however, a rude awakening has occurred. Derogatory criticism emanating from the politically motivated was found to be too often readily accepted by the voters, in numbers sufficient to encourage more and more of the same from the politicians. Our Society realized that passivity was a one way street to defeat and that an active program was our business if truth was to prevail and be presented to the people for their own approval and judgment.

Our P-R activities, therefore, have become very energetic of late. This is as it should be. Individually we can assist in this direction by our personal actions and deportment. One rule alone — the Golden Rule — will do much toward insuring for ourselves a most favorable image in the eyes of the public.

Martin B. Murray, M.D.

POLIO RESOLUTION

Adopted at the District Meeting of December 3, 1963

"That the Hampden District Medical Society sponsor or conduct an oral polio vaccine program in the Spring of 1964:

"That the Society be authorized to accept contributions of 25¢ or more per dose;

"That the Treasurer be authorized and directed to retain such funds in a special account;

"That the remainder of this fund, after expenses, be placed in the custody of the Executive Committee, or such Board as it shall designate; such fund to be known as the Medical Scholarship Fund; and that monies in this fund be distributed to worthy, needy aspirants from the District for the study of medicine, and

"That the Executive Committee be empowered to make such contracts, expend such funds and otherwise transact such business as is necessary to the conduct and conclusion of the aforementioned, oral polio program."

Resolution introduced by
Norman A. Pokorny, M.D., Chairman
Public Health Committee

COMING EVENTS

HAMPDEN DISTRICT MEETING, FEBRUARY 4, 1964 (Page 13)

EXECUTIVE COMMITTEE MEETINGS, JANUARY 21 and FEBRUARY 18

COUNCIL OF THE M.M.S., FEBRUARY 12

SPRINGFIELD ACADEMY OF MEDICINE, FEBRUARY 11

FORENSIC MEDICINE, BOSTON UNIVERSITY, JANUARY 15 - APRIL 1

TWELFTH ANNUAL SYMPOSIUM on BLOOD, Rochester, Minn., JAN. 17 & 18

M.M.S. ANNUAL MEETING, MAY 19 - 21

A.M.A. ANNUAL MEETING, SAN FRANCISCO, CAL., JUNE 21 - 25

A.M.A. CLINICAL MEETING, MIAMI BEACH, NOV. 29 - DEC. 2

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USUAL DOSAGES: One 'Dexamyl' Tablet 2 or 3 times daily—in depressive states, at mealtimes; in overweight, 30 to 60 minutes before meals. One 'Dexamyl' *Spansule* capsule taken in the morning for 10- to 12-hour effect.

SIDE EFFECTS: Insomnia, excitability and increased motor activity are infrequent and ordinarily mild.

CAUTIONS: Use with caution in patients hypersensitive to sympathomimetics or barbiturates and in coronary or cardiovascular disease or severe hypertension. Excessive use of the amphetamines by unstable individuals may result in a psychological dependence; in these rare instances withdrawal of medication is recommended. It is generally recognized that in pregnant patients all medications should be used cautiously, especially in the first trimester.

SUPPLIED: Tablets, in bottles of 100; 'Spansule' capsules No. 1 (1 dot on capsule) and No. 2 (2 dots on capsule), in bottles of 50.

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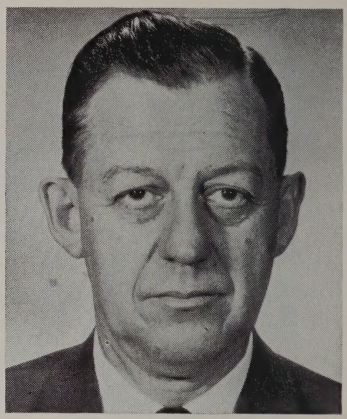


RICHARD H. BUTLER, M.D.

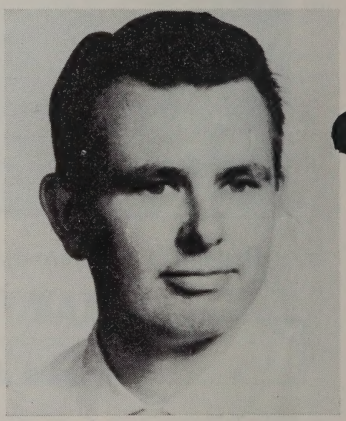
Office: Woodland Dell Rd., Wilbraham, Mass.

Born: Lexington, Kentucky, May 30, 1915

Medical School:
Tulane Medical School, 1942

Internship:
General Hospital, Knoxville, Tenn.

Specialty:
General Practice



WILLIAM J. CUMMINGS, JR., M.D.

Born: Burlington, Vermont, April 4, 1927

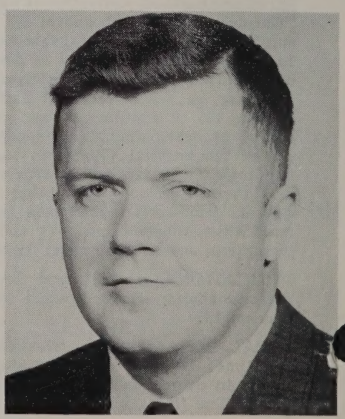
Office: 146 Chestnut St., Springfield, Mass.

Medical School:
Boston University School of Medicine, 1952

Internship:
Strong Memorial Hospital, Rochester, N.Y.

Residency:
Veterans Hospital, White River Jct., Vermont

Specialty:
Anesthesiology



ROBERT JOSEPH DONOHUE, JR., M.D.

Office: 188 Chestnut St., Holyoke, Mass.
Born: Clinton, Mass., Nov. 10, 1929
Medical School:
Yale University School of Medicine, 1958
Internship:
Grace New Haven Community Hospital, New Haven, Conn.
Residency:
Buffalo General Hospital, Buffalo, N.Y.
New York Eye and Ear Infirmary, New York, N.Y.
Specialty:
Ophthalmology

NEW MEMBERS . . . . . .

ALAN S. PECK, M.D.

Office: 130 Maple St., Springfield, Mass.

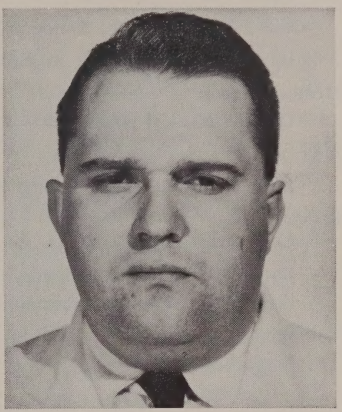
Born: Montpelier, Vermont, July 2, 1928

Medical School:
McGill University, 1954

Internship:
Albany Medical Center Hospital, Albany, N.Y.

Residency:
Albany Medical Center Hospital, Albany, N.Y.

Specialty:
Thoracic Surgery



JOHN J. SANDT, M.D.

Office: 1400 State St., Springfield, Mass.

Born: New York, N.Y., June 29, 1925

Medical School:
Vanderbilt University, 1957

Internship:
N.Y. State Upstate Medical Center, Syracuse N.Y.

Residency:
N.Y. State Upstate Medical Center, Syracuse N.Y.

Specialty:
Psychiatry

RICHARD C. SOWELL, M.D.

Office: 1295 State St., Springfield, Mass.

Born: Portland, Oregon, April 15, 1929

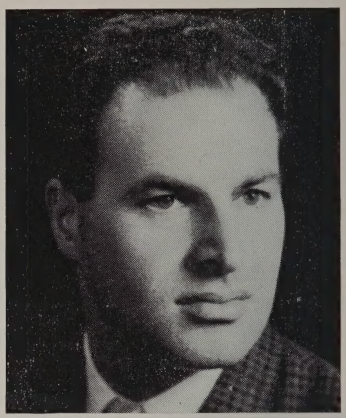
Medical School:
University of Oregon Medical School, 1954

Internship:
Aucker Hospital, St. Paul, Minn.

Residency:
U. S. Naval Hospital, St. Albans, N.Y.

Specialty:
Insurance Medicine

NEW MEMBERS (Continued)



FRANCIS STEIN, M.D.

Office: 130 Maple St., Springfield, Mass.

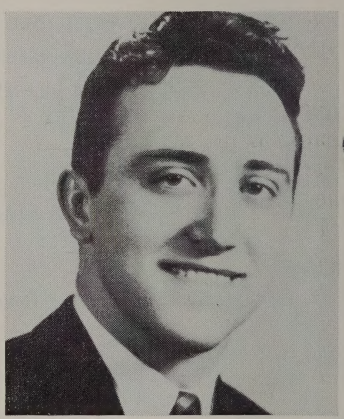
Born: Perth Amboy, N. J., August 27, 1929

Medical School:
Chicago Medical School, 1958

Internship:
Springfield Hospital, Springfield, Mass.

Residency:
Springfield Hospital, Springfield, Mass.
Boston City Hospital, Boston, Mass.
Presbyterian Hospital, Pittsburgh, Pa.

Specialty:
Internal Medicine



FRANK J. STERBA, JR., M.D.

Office: 120 Maple St., Springfield, Mass.

Born: Hazelton, Pa., Nov. 23, 1932

Medical School:
Hahnemann Medical College, 1958

Internship:
Philadelphia General Hospital, Philadelphia, Pa.

Residency:
Hahnemann Hospital, Philadelphia, Pa.

Specialty:
Urology

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PUBLIC RELATIONS OBJECTIVES OF THE MMS *

The objectives of the Massachusetts Medical Society include the advancement of medical knowledge, the sound training of physicians, the advancement of the public health and the dissemination of medical information to the general public. Assistance towards the accomplishment of these objectives can be given through a comprehensive, sound, functional and effective program of internal and external public relations.

The Division of Public Relations of the Society is the resource arm that can initiate, coordinate and implement the various public relations programs that are needed.

Internal

The Division can assist in the planning and management of medical seminars, institutes, conferences and postgraduate education programs. (Example: School Health Program). The Division can serve as a center for the compilation, preparation and distribution of data relating to state and national legislation. A watchdog attitude on all matters affecting the practice of medicine is maintained so that all members of the Society will be properly informed on legislative measures.

The Division will assist in the preparation, editing, production and distribution of medical brochures, pamphlets, short manuscripts, and reports of concern to members of the Society.

The Division assists the Woman's Auxiliary in program planning, legislation, and public relations.

External

A continuing program of medical education and informing the general public can be maintained through utilization of radio, television and newspapers by such methods as feature stories, guest appearances by physicians, spot announcements, slides, film clips and interviews. Arrangements for special programs and press conferences can be handled by this Division.

The Division serves as the liaison between the medical and participating members in planning, evaluating and producing radio and television programs of general interest to the public.

The Division desires and is able to assist district medical societies in the development of public relations programs.

* From Advance Information for Meeting of Oct. 9, 1963, page 6.

THE MEDICAL CREDITS DIVISION

Administered by an Operating Council comprised of Physicians, Dentists and Hospital representatives who are elected annually. Furnishes educational and professional assistance to its members in safe credit and collection procedures. Provides pre-collection aids and offers where required, an ethical, dignified. and efficient collection service.

For further information please telephone RE 6-4511, Ext. 46, Medical Credits Division, Credit Bureau, Inc. of Greater Springfield.

HAMPDEN CAPSULES

On December 9 Dr. William W. Byrnes, representing Hampden District Medical Society presented physical fitness awards to several schools who topped their respective division in youth fitness test scores. The tests, drawn up by the American Association of Health Physical Education and Recreation, were given in 1962-63.

— —

A Medico-Religious meeting will be held on April 7, 1944. Physicians and clergy will be invited to attend.

— —

A pre-council meeting was held at Society Headquarters on Jan. 10 at 5 p.m. under the chairmanship of Executive Councilor Thomas F. Reilly.

— —

The Medico-Religious Committee will meet on January 20 at Headquarters.

Through the efforts of the HDMS, Dr. John B. Butts, Worcester Surgeon, addressed the Probus Club of Springfield on Monday, January 6, at the Sheraton Motor Inn. Subject: Medicare.

— —

Office removal: Dr. Joseph B. Greenspan to 91 School St., Springfield.

— —

Dr. J. I. Slosberg to 52 Mulberry St., Springfield.

— —

A Mental Health Committee meeting was held on December 5 at Society headquarters.

— —

The Committee on Health and Accident Insurance met with the Lessere-Wertheim Company on January 7, 6:30 p.m.

— —

On January 14, 1964 Dr. Harry Memery, Secretary of the HDMS, addressed the HD Medical Assistants Association on "Public Relations" at the Springfield Institute for Savings.

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IN MEMORIAM

JOHN R. AGNEW, M.D.
1890 - 1963

Dr. John R. Agnew of Springfield died in North Adams, Mass. on December 7, 1963.

Born in Houtzdale, Pa. on June 25, 1890, Dr. Agnew attended St. Stephens (now Bard College) and obtained his doctorate in medicine from the University of Maryland in 1914. After completing an internship at the Kings County Hospital, Brooklyn, N.Y. in 1916, he came to Chicopee, Mass. to engage in the general practice of medicine. In 1926, he moved to Springfield where he continued his practice.

Dr. Agnew served on the medical staff of the Wesson Memorial Hospital, Springfield, as a surgeon for many years. He was a member of the American Medical Association, the Association of Military Surgeons, the Mass. Medical Society, the Hampden District Medical Society and the Springfield Academy of Medicine. Dr. Agnew served in the U.S. Army Medical Corps, during World War I and in the U.S. Navy Medical Corps. during World War II.

Deepest sympathy is hereby extended to his family and to his many friends and associates.

MERRILL F. HOSMER, M.D.
1891 - 1963

Dr. Merrill F. Hosmer, formerly of Springfield, died in St. Petersburg, Florida on December 4, 1963.

Born in Westfield, Mass. on Nov. 24, 1891, Dr. Hosmer obtained his doctorate of medicine from the College of Physicians and Surgeons, Baltimore, Md. He came to Springfield in 1920 to enter the private practice of general medicine and surgery.

Dr. Hosmer served on the medical staff of the Wesson Memorial Hospital in Springfield. He was a member of the American Medical Association, the Mass. Medical Society, and the Hampden District Medical Society, of which he was president in 1945. Dr. Hosmer served in the U.S. Army Medical Corps. during World War I.

Deepest sympathy is hereby extended to the surviving members of his family and to his many friends and associates.

BY-LAWS COMMITTEE

The By-Laws Committee recommends the adoption of the amendments published below. They are to be voted on at the next meeting, February 4, 1964. Italicized words, phrases, and sentences indicate proposed changes.

Amendment By Adding to Chapter VII, Section 1 (Board of Editors)

PURPOSE: Hampden district was declared recently a non-profit organization. These amendments will serve to extend similar status to the Hampden Hippocrat. They were formulated on recommendation of the Executive Committee and legal counsel.

If adopted these amendments will read as follows:

(b) It shall publish and *distribute*, as the official bulletin of the District Society, the Hampden Hippocrat, at least four times a year.

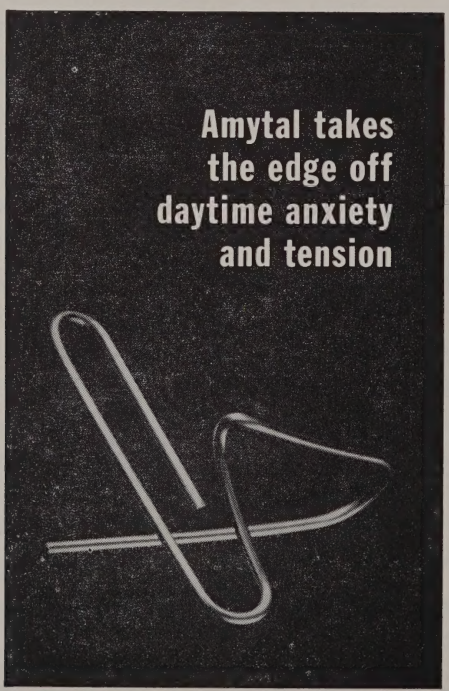
(c) *It may, with the advice of qualified accountants, retain from monies such reserve funds as may be necessary to maintain publication of the Hampden Hippocrat.*

(d) *It shall submit annually to the Executive Committee a report of its activities and also of its income and expenditures.*

(e) same as existing (c)

(f) same as existing (d)

MAX MILLMAN, Chairman



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Side-Effects: Idiosyncrasy or allergic reactions to the barbiturates may occur. **Precautions and Contraindications:** Amytal should be used with caution in patients with decreased liver function, since a prolongation of effect may occur. Administration in the presence of uncontrolled pain may produce excitement. WARNING—May be habit-forming.

Dosage: Doses should be individualized for each patient. The usual adult sedative dosage ranges from 30 mg. (1/2 grain) to 50 mg. (3/4 grain) two or three times daily.

Additional information available upon request.
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Hampden District Meeting

TIME: Tuesday, February 4
Social Hour 6 p.m.
Dinner (Courtesy of Society)
7 p.m.

PLACE: Storrowton
1305 Memorial Ave.
West Springfield, Mass.

AGENDA: Amendments to By-laws
Committee Reports and other
organizational and
socio-economic matters

YOUR PRESENCE IS URGENTLY REQUESTED

Harry N. Memery,
Secretary

MEDICO-PRESS GUIDE FOR COOPERATION *

The following procedure has been developed by representatives of the Central Massachusetts medical profession, hospitals, and news gathering agencies for their mutual benefit in the collection and dissemination of information relative to hospital patients.

For cases that are a matter of public record, the following information should be given without the patient's consent:

1. NAME: (a) Married or single, (b) color, (c) sex, (d) age, (e) occupation, (f) firm or company employing patient and (g) address, (h) next of kin, (i) time of admission.

2. NATURE OF THE ACCIDENT: (a) Injured by automobile, explosion, shooting; (b) if there is a fracture, it is not to be described in any way except to state the member involved, and (c) more than a statement that it is simple or compound may not be made.

3. INJURIES OF THE HEAD: (a) Simply a statement that the injuries are of the head may be made; (b) it may not be stated that the skull is fractured; (c) no opinion as to the severity of the injury may be given until the condition is definitely determined, and (d) prognosis is not to be made.

4. INTERNAL INJURIES: (a) It may be stated that there are internal injuries but nothing more specific as to the location of the injuries, and (b) a statement can be made of the general condition.

5. UNCONSCIOUSNESS: (a) If the patient is unconscious when he is brought to the hospital, a statement of this fact may be made; (b) the cause of unconsciousness, however, should not be given.

6 CASES OF POISONING: (a) No statement is to be made that a patient is poisoned; (b) no information as to kind of poisonous substance, such as mercuric chloride, phenol, or carbon monoxide may be given; (c) no statement concerning the motive whether accidental or suicidal, may be given, and (d) no prognosis may be made. The only exceptions are those cases that apply to the poison center.

7. SHOOTING: (a) A statement may be made that there is a penetrating wound; (b) no statement may be made as to how the accident occurred, i.e. accidental, suicidal, homicidal or in a brawl, nor may the environment in

* Adopted by the Worcester District Medical Society 2/26/60.

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Harris Pharmacy
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Compliments of
RATELL FUNERAL HOME
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Indian Orchard, Mass.

which the accident occurred be given.

STABBING: The same general statement may be made for stabbing as for shooting accidents.

9 INTOXICATION: No statement may be made as to whether the patient is intoxicated or otherwise.

10. BURNS: (a) A statement may be made that patient is burned, also the member of the body involved; (b) a statement as to how the accident occurred may be made only when the absolute facts are known and (c) no prognosis may be given.

11. DEATHS: The death of a patient may be reported without the diagnosis or cause. Every effort shall be made to safeguard the family from premature broadcast or publication of death.

12. BIRTHS: Legitimate births may be reported.

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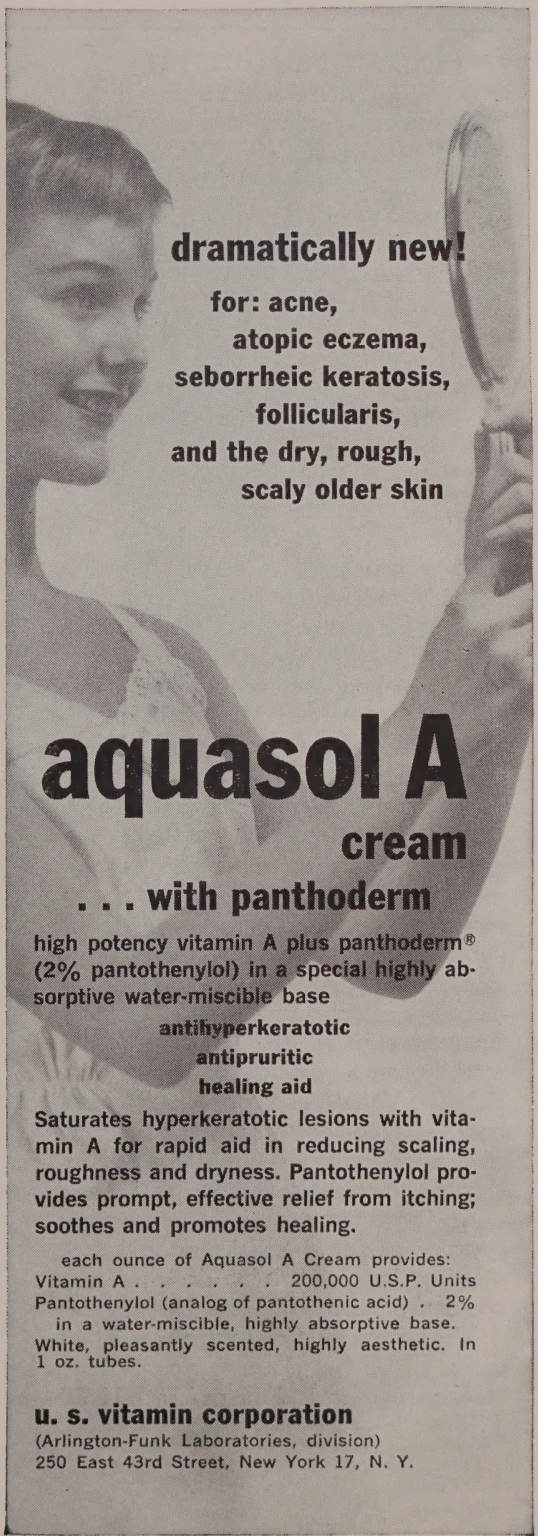
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EXECUTIVE COMMITTEE HIGHLIGHTS

The meeting was called to order at 8:15 P.M. Present were Drs. Murray, Miller, Miner, Byrnes, Griffin, Memery, and Suzor.

Dr. Johnson's letter of appreciation for his testimonial dinner was read:

"I was so moved by Hampden's generous tribute that I could find no words to express my appreciation adequately. I am pleased beyond measure, as is Mrs. Johnson for having been included in the festivities. Perhaps my greatest satisfaction in the presidency of the Massachusetts Medical Society lies in the knowledge that I shall be privileged to serve Hampden District indefinitely as a councilor. Please extend my thanks to the many individuals who contributed so much toward making the evening a memorable one for me and Mrs. Johnson."

Several informational letters were read. The Springfield Area Community Study wrote sending in the names of all the committees as appointed.

Several Committee reports were read. One was from Dr. Roberts on a recent meeting in Boston on Tax-Supported Medical Care.

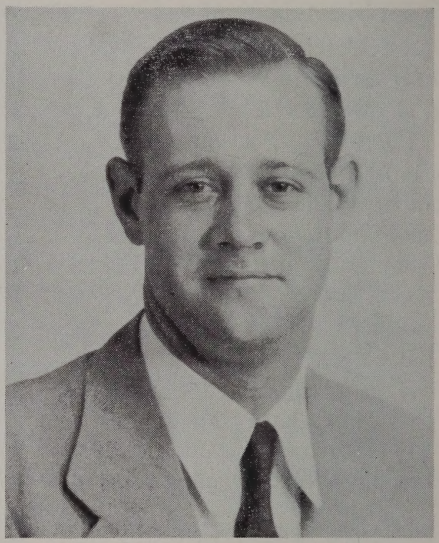
A report from the Insurance, Labor Relations and Industrial Accident Committee noted that it is presently working on a revision of the present Relative Value Schedule. Letters have been sent to doctors in the various specialties to review and suggest any changes they deem necessary.

A discussion was held concerning a program for the February District meeting but a definite decision was postponed until after the Holidays.

The Grievance Committee heard two cases.

The meeting adjourned at 11:30 P.M.

ACADEMY



Dr. J. K. Alexander

At the February 11 meeting of the Springfield Academy of Medicine the speaker will be James K. Alexander, Associate Professor of Medicine, Baylor University College of Medicine, Houston, Texas. His topic will be "Obesity and the Circulation." The clinical conference will be held at the Wesson Memorial Hospital, 5:00 p.m.

This meeting is being co-sponsored by the Western Chapter of the Mass. Heart Association.

At the March 11 meeting the speaker will be Ward O. Griffen, Instructor in Surgery, University of Minnesota Medical School, Minneapolis, Minnesota. His topic will be "Technique of Gastric Hypothermia for Bleeding." The clinical conference will be held at the Mercy Hospital, 5:00 p.m.

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Q — If a physician who examines a person in connection with a workmen's compensation claim or a damage suit is convinced that the person is malingering, should he include that conclusion in his report?

A — Even when disability or pain is out of proportion to the injury, it is difficult to distinguish between malingering and conversion hysteria. Proof in a lawsuit would be even more difficult, since malingering implies a deliberate intent to deceive. A safer procedure would be to state a report as follows: "On the basis of a careful and thorough examination, it is obvious that the reported motor and sensory manifestations do not have any organic or structural cause of conversion hysteria or simulation."

Q — Is a physician required by law to treat or render first aid to a stranger who has been injured in a highway accident?

A — No. There may be moral and ethical duty to render aid to a fellow human being in distress, but there is no duty required by law. The physician under these circumstances is somewhat in the position of the bystander who is a proficient swimmer but nevertheless fails to come to the assistance of a drowning man.

Q — If the physician rendered his services without compensation is the patient barred from bringing a suit for malpractice?

A — "Whether the patient be a pauper or a millionaire, whether he be treated gratuitously or for reward, the physician owes him precisely the same measure of duty, and the same degree of skill and care. He may decline to respond to the call of a patient unable to compensate him; but if he undertakes the treatment of such a patient, he cannot defeat a suit for malpractice, nor mitigate recovery against him, upon the principle that the skill and care required of a physician are proportioned to his expectation of pecuniary recompense." *Becker V. Janinski,* N.Y., 27 Abb. N.C. 45. Some states, including California, Maine, Nebraska, North Dakota, Oklahoma, South Dakota, Texas, Utah, Washington, and Massachusetts have enacted "Good Samaritan" statutes designed to give physicians immunity from claims for damages resulting from alleged negligence in furnishing emergency aid.

Q — Before performing a hysterectomy upon a woman of child-bearing age, what procedures should a surgeon undertake to determine whether the woman is pregnant before operating?

A — Before performing a hysterectomy, a surgeon should be reasonably certain as to whether or not the woman is pregnant. If the woman is pregnant, he must make the medical determination of whether the operation can be delayed to permit the pregnacy to be carried to full term without jeopardizing the life or health of the patient. In determining whether the woman is pregnant, the surgeon should follow those procedures which are commonly practiced by reputable members of the medical profession in the same community. If several different procedures are commonly followed in the community, the surgeon may exercise his own judgment as to which procedure is most appropriate for his patient in the particular circumstances. If there is any doubt about the existence of pregnancy, it may be advisable to consult with a gynecologist.

AUXILIARY DOINGS

L. to R. Dr. George Ross, President of Medical Staff, Providence Hospital; Mrs. Thomas McQuillan, President of Providence Hospital Guild; Mrs. Harry Baker, Program Chairman for Providence Hospital Guild, and Dr. John B. Butts, (Speaker) of Worcester, Mass., surgeon.

Over 100 guests attended a dinner-meeting at Vincent's Steak House or November 19, 1963 to hear Dr. John B. Butts speak on Medicare. Dr. Butts, a Worcester surgeon and a past-president of the Worcester District Medical Society, had made a special study of the various aspects of the problem of Medicare.

"Why is Congress challenging American Medicine when our country has the best system of medicine in the World? We are eager to know!" This was the introductory statement of the program chairman, Mrs. Harry Baker of Holyoke.

Dr. Butts, a member of the House of Delegates of the AMA and chairman of the Committee on National Legislation of the MMS, gave a most inspiring and informative talk. He traced the history of legislation for medical care for the aged from the earliest bills to the current ones. "Medical care for the aged under social security, as currently proposed, cannot be called insurance; it should be looked upon as a *tax*" Dr. Butts said. He urged that we all support the Kerr-Mills Act and work toward increasing its applicability and effectiveness.

REPORT ON HOUSE OF DELEGATES MEETING

Portland, Oregon, December 1 to 4

The House of Delegates of the A.M.A. met in Portland, Oregon, during the first week of December. All the Delegates and Alternate Delegates from Massachusetts were present. Over 3 000 physicians were registered. Dr. Edward R. Annis, President of the A. M.A., asked me to deliver two messages to Hampden District. The first is that the gun that he received during his visit here in June, "shoots straight." The second is that he has used the September issue of the *Hampden Hippocrat,* featuring the A.M.A., as source material in his many speeches. His enthusiam for this type of writing was very great indeed and Dr. Tillman should be very proud of his major contribution to that issue of the *Hippocrat.*

The House of Delegates considered some twenty-odd resolutions as well as many reports, a summary of which will appear shortly in the JAMA. One decision of significance dealt with a research program on tobacco and health which would be "devoted primarily to determining which significant human ailments may be caused or aggravated by smoking, how they may be caused, particular element or elements in smoke that may be the causal or aggravating agent, and methods for the elimination of such agents." Some of the delegates felt that an immediate declaration of opinion should be made, but most felt that the research program, as described, should be carried out first of all.

The Rhode Island delegation introduced a resolution calling for A.M.A. punitive action of any State or County Society refusing membership to any qualified physician because of race, religion or place of national origin. This resolution, as well as a report from the Board of Trustees which dealt with hospital staff privileges on an equal basis regardless of race, provoked considerable discussion. A Reference Committee, feeling that the A. M.A. should not take punitive action against component societies, reaffirmed the 1950 vote of the House of Delegates "to the end that all men and women professionally qualified shall be eligible for membership to the A. M.A. and its component constituent Medical Societies without regard to race, color, or creed," and the House of Delegates re-approved this resolution with the amendment that a copy of it be sent to all constituent Societies.

In reference to Blood Banks, it was voted that new Blood Bank facilities and the modification of existing ones should have the approval of County or District Medical Societies, and thus be coordinated properly with existing approved Blood Banking facilities. It was also voted that the top authority of any Blood Bank be a physician.

It was earnestly recommended by the House of Delegates that State Medical Societies explore the advan-

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tages of implementing Kerr-Mills Programs in such a manner as will permit the care of beneficiaries under voluntary health insurance programs. A resolution regarding the inclusion of self-employed physicians under Social Security was defeated in spite of the fact that the Massachusetts delegation voted in favor of it, as instructed.

During the summer, I was appointed by the Speaker of the House to an Ad Hoc Committee to study the structure and function of the House of Delegates of the A.M.A. This is obviously a significant and most interesting Committee. From 7:30 Sunday morning until 5:30 in the afternoon, our Committee listened to testimony from the various Councils and Committees of the A.M.A. as well as from representatives of State Societies. Our Committee has a long and important task to perform, and any ideas and suggestions are welcome.

It is again emphasized that Delegates are most anxious to hear from the doctors whom they represent and all members of the A.M.A. are again reminded that speaking before any of the Reference Committees of the House of Delegates of the A.M.A., is their privilege and duty.

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DR. JOHNSON IS HONORED

The main feature of the December 3rd meeting of the District Society was a "Surprise" program honoring Dr. Allen S. Johnson on the occasion of his MMS presidency which he assumed in May, 1963. About 200 members were in attendance.

Chairman of Committee on Arrangements and Master of Ceremonies was Dr. John J. Bandeian. First speaker was Dr. Allen G. Rice, former Secretary of the Society. In a very witty style he traced Dr. Johnson's career from Yale (rowing, track, Phi Beta Kappa, Rhodes Scholar), to Harvard (Medical School), to armed Forces (Navy, Marines), to private practice (in, out), to organized medicine (E &D, Executive Councilor, President HDMS, Orator MMS, President MMS).

The second speaker was Dr. Howard N. Simpson, who by the aid of a series of unusual lantern slides presented Dr. Johnson's biography from A to Z. Howard described himself preliminarily as "a collector of pictures of people who are about to become famous", and proceeded to prove his point. Outstanding among the many excellent slides were the "in utero" shot, taken somewhere in Iowa before Dr. J. was born; and the "sanitation seat" shot taken somewhere in the Armed Forces. The slides plus the commentary drew much applause and plenty of chuckles.

A beautiful Paul Revere bowl was then presented to Dr. Johnson, who accepted it in behalf of himself and Mrs. Johnson with many thanks.

For photos of event, see opposite page.

FROM LEFT TO RIGHT

Gracing the table are: Mrs. Johnson and Mrs. Murray.

Interspersed are: Drs. Johnson, Murray, and Miner.

Principals of the occasion are: President Murray, Mrs. Johnson, Dr. Johnson, and Chairman Bandeian.

Participants in program are: Drs. Simpson, Bandeian, Johnson, Rice, and Murray.

GOOD PRESS RELATIONS

HOW TO DEVELOP THEM

(Editor's NOTE: On November 20 a very promising Medico-Press conference was held at the home of P-R Councilor Dr. W. W. Byrnes *Hippocrat, Dec.* 1963. Other efforts to improve relations with the news media in this area are anticipated. The item below, taken from the AMA's P-R Manual, tells how this may be accomplished.)

THE PROBLEM—The people whose job it is to keep the public informed of the news in their communities must necessarily work closely with the medical profession. Representatives of newspapers, radio and TV stations are giving bigger "play" to medical science news than ever before because of an increasing public interest. Whether or not these stories are accurate and friendly to medicine depends to a large extent upon the kind of relations which physicians and their local medical societies constantly maintain with the press. In the past, doctors have criticized public information media for inaccurate reporting of medical events, for "sensationalizing" of medical stories, and for "jumping the gun" and prematurely announcing inconclusive but promising discoveries. On the other hand, newsmen complain that physicians often are uncooperative in giving out news about their profession and their patients, hiding behind the medical code of ethics and deliberately withholding information of a scientific nature.

THE SOLUTION — is the development of a long-range program to build and maintain good relations with representatives of newspapers, magazines and radio and TV stations. Such a relationship must be founded upon mutual understanding of duties, responsibilities and problems of both the press and the medical profession. When cooperation and understanding exist between representatives of the press and the profession, good public relations in the form of accurate medical stories and positive publicity will result. When these factors are not present, then the information media can be dangerous foes, emphasizing the negative rather than the positive approach to medical problems, overlooking the merits of our medical system and damaging the medical profession's reputation with the public. Continuous, close contacts between medical societies and community news media are the only answer to maintaining good press relations, says the Ohio State Medical Society.

HOW TO DEVELOP GOOD PRESS RELATIONS — Here are four steps to guide the way to better medical press relations:

1. Develop mutual understanding through medical press conferences and other meetings of doc-

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tors and communications people.

2. Agree upon some code (formalized or informal) to govern the doctor-press relationship.
3. Establish channels of information to simplify routing and clearing of medical news.
4 Cooperate with the press and utilize the various channels of communication to further public health education and to bring to the public a better appreciation and understanding of medicine.

DEVELOPING MUTUAL UNDERSTANDING — One of the major stumbling blocks in building better press relations in the past has been a difference of viewpoint among newsmen and doctors regarding "medical news." A physician's whole orientation has been scientific; he has been taught to proceed cautiously, never to overestimate the merits of promising research developments, but rather to underestimate until conclusive results are obtained. He is seeking primarily facts. The reporter seeks facts, too, but his main desire is to bring to his readers or his listeners in simple, understandable terms the latest information regarding medical discoveries or events. He feels that the public has a right to know that, for example, though not yet ready for general use, a new drug gives promise of eradicating a dread disease. Steve Spencer, Associate Editor of the *Saturday Evening Post,* explained the problems of the lay medical writer in a letter to an eastern medical society: "To achieve a high level of reader interest a medical article must go beyond the bare recitation of scientific facts and clinical conclusions . . ." and give the human side of the story as well.

MEDICINE AND THE CODE OF ETHICS — For many years physicians feared that releasing medical stories to the press would result in condemnation by their colleagues for unethical practices. The tradition of the profession has been to bar advertising and "self laudations which defy the traditions and lower the moral standard of the medical profession." Yet the revised version of the Principles of Ethics stresses the fact that it is the responsibility of the physician and the medical society to see that accurate medical information reaches the public. Section 10 of the code states it in this way:

"The honored ideals of the medical profession imply that the responsibilities of the physician extend not only to the individual, but also to society where these responsibilities deserve his interest and participation in activities which have the purpose of improving both the health and the well-being of the community."

Many people, literate and well educated, do not possess a special knowledge of medicine. Medical books and journals are not always easily accessible or readily understandable. The medical profession considers it ethical for a physician to meet the request of a component or constituent medical so-

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ciety to write, act or speak for general readers or audiences. On the other hand, it may often happen that the representatives of popular news media are the first to perceive the adaptability of medical material for presentation to the public. In such a situation, the physician may be asked to release to the public some information, exhibit, drawing or photograph. Refusal to release this material may be considered a refusal to perform a public service, yet compliance may bring the charge of self-seeking or solicitation. An ethical physician may provide appropriate information regarding important medical and public health matters which have been discussed during open medical meetings or in technical papers which have been published, and he may reveal information regarding a patient's physical condition if the patient gives his permission, but he should seek the guidance of appropriate officials and designated spokesmen of component or constituent medical societies.

Scientific articles may well have the commendable effect of inspiring public confidence in the procedure described. This, of course, is the public relations value.

MEETINGS WITH THE PRESS — To develop the much-needed mutual understanding in the communications area, medical societies should plan special meetings with representatives of newspapers and radio and TV stations in their areas, also including representatives of hospitals. These meetings should be of an informal type so that doctors, hospital and press representatives can get acquainted and talk over mutual problems. Not only editors, but the reporters who actually cover and write medical news should be invited to the session. It is best to develop close liaison with the one or more reporters assigned to medical news in your area. Once good channels of communication have been established, keep them open by periodic get-togethers with press people.

MEDICAL-PRESS CODES — Doctors and hospitals too often have failed to cooperate with newsmen seeking prompt information on accidents, deaths and serious illnesses of prominent people—all items of public significance. Physicians also have been criticized for their unwillingness to be quoted on important medical and health developments when queried. Because it is their job to do so, newsmen eventually get the story from other sources. When doctors and hospitals cooperate with the press, resulting stories are more accurate and usually more favorable to medicine. After meeting with representatives of the various media, the next step is to cooperatively develop some sort of plan for routine handling of medical news. Many medical societies have formalized these plans or "press codes." However, the secret of good press relations is not found in the written code itself — but in the joint efforts of all concerned to

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each a better understanding of mutual problems and to work out an improved system for processing and dispensing medical science news. Any plan to guide relationships with media representatives should include suggestions not only for newspaper and magazine contacts, but also for radio and TV relations.

SIMPLIFYING NEWS EXCHANGE — Medical societies should empower spokesmen to give prompt, authoritative replies to queries from the press. A list should be issued which identifies these spokesmen and tells how they can be reached. In other words, your medical society should appoint several press representatives who can be reached any time of the day or night for information or comment on a medical event in the community. These spokesmen also should serve as a kind of "medical clearing house" for helping doctors who have been queried for stories or asked to appear on radio or TV programs, determine whether or not consent should be given. Some medical societies now publish a medical directory which is distributed to representatives of the press, radio and TV to simplify their reporting tasks and to enable them to verify medical news speedily. In the news field, time is of the essence. Developing a "two-way street" for exchange of medical queries and information is the best safeguard against misrepresentation and misunderstanding.

UTILIZING INFORMATION CHANNELS EFFECTIVELY — These suggestions pave the way to good press relations, once the foundations have been established:

1. Cooperate with newsmen when they query you or your society for a story. Remember — it's their job to get the story.
2. Be as truthful as possible.
3. Be courteous.
4. Respect their desire for a speedy answer; "news" must be timely.
5. Don't hedge and, after giving a story, don't insist upon remaining anonymous. Anonymity is the cloak of quacks and charlatans. If you are doubtful, check with your medical society for clearance.
6. Don't ask for favors.
7. Don't play favorites, give equal news breaks to all media.
8. Newsmen usually will respect your confidences if you request it and have a valid reason for doing so.
9. Don't forget to say "thanks." It's a good idea for societies to give awards and citations to information people who have done a good job of medical reporting.

Once your society has established good rapport with the information media, there are dozens of opportunities for utilizing newspapers, radio and TV channels for health educations and public relations purposes. Your society can, by keeping the press informed of society meetings and activities, increase press coverage and in the long run bring about better public understanding of medicine. Feature stories on medical subjects can be suggested and encouraged; health columns and health forums for the public may be developed. Special medical supplements can be developed for local newspapers. Radio and TV shows of a health educational nature can be worked up. When good working relations with the communications profession are achieved, the possibilities from a PR standpoint are unlimited.

PUBLICITY GUIDE

OF THE

Massachusetts Medical Society

ADOPTED 1949, REVISED MAY 22, 1961

PREFACE

In reporting medical news, representatives of the press, radio and television look to physicians for accurate and authoritative information. It is recognized and accepted that the physician serving as a source of information will, in most instances, be quoted and identified.

When so serving as an authority, a physician should conform with ethical decisions reached by the staffs of hospitals with which he is affiliated and by the professional organizations to which he belongs. In all cases the emphasis should be placed on the service rendered and work done rather than on the identified fellow.

The following guide is designed to serve as a reference for fellows of the Massachusetts Medical Society in their relation with the press, radio and television. A fellow in doubt concerning the propriety of his actions relative to matters of publicity not covered in this guide should refer his problem to the appropriate committee of his district society or to the Committee on Ethics and Discipline of the Massachusetts Medical Society.

RADIO, TELEVISION AND RECORDINGS

(1) A fellow invited to appear as a *representative of the Society* on programs not sponsored or arranged by the Society should first obtain approval from the Society. Requests for such approval should be forwarded to the Secretary, Massachusetts Medical Society, 22 The Fenway, Boston 15.

(2) A fellow need not obtain approval from the Society for radio or television appearances in the following instances:

(a) In a capacity other than as a practitioner of medicine (e.g., as medical examiner, civic club officer, public health official, school board member).

(b) As a representative of a staff of a hospital, dispensary, sanatorium or clinic. His appearance should be approved by the chief of staff or the chief of the appropriate service and by the director.

(c) As a representative of a medical school or medical society other than the Massachusetts Medical Society or any of its constituent district medical societies. His appearance should be approved by the appropriate authority in the medical school or medical society.

PRESS

(1) A fellow acting in a capacity other than as a representative of his profession does not require approval from the Society for newspaper articles and statements that he may be requested to write or make in connection with his responsibilities as a citizen.

(2) A fellow serving as a spokesman for a medical school or professional group other than the Society or any of its constituent district societies should obtain approval for newspaper articles, statements or interviews from the group that he is representing.

(3) A fellow asked to report for the press on research that he has done, findings that he has made or other newsworthy matters connected with his practice should first obtain permission from (1) the chief of staff or appropriate service of the hospital and hospital director, (2) the head of a major department or research oganization, or (3) the dean of a

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medical school or someone specifically designated by him for this purpose.

(4) A fellow speaking on professional subjects at meetings sponsored by medical organizations may consent to interviews with the press arranged by the organization.

(5) A fellow should not release information to the press on matters pertaining to his district or state society without prior approval from the appropriate committee or officers.

(6) A fellow in announcing the establishment of his practice should adhere to the custom established by precedent in his community.

(7) A fellow in his statements, articles and interviews with the press should avoid excessive mention of his professional qualifications in identifying himself.

PRESS, RADIO, TELEVISION COVERAGE OF HOSPITALIZED PATIENTS

In the release of information to the press, radio or television relative to hospitalized patients a fellow should follow, where they are applicable, the appended *Principles of Hospital-Press-Radio-TV Cooperation* of the Massachusetts Hospital Association.

TALKS BEFORE LAY GROUPS

A fellow requested to speak on medical subjects before a lay group should be governed by the principles outlined in this guide.

A fellow whose statements have not been approved by the proper authorities as defined in this guide will be held responsible for the content and accuracy of such statements.

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When it comes to supervising your financial affairs, be sure that you pick a financial specialist. Select a bank staffed by qualified personnel who are experienced in working with attorneys, accountants and other advisors in establishing a trust or agency account. Assure the financial security of your family at the bank where you can be certain all your financial matters will be handled with the highest professional integrity — at *Safe Deposit.*

. . . where thoughtful persons bank on sound judgment

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Valley Bank as manager of your investments looks on them as living, breathing entities which, if neglected, can deteriorate but which, if carefully and continuously supervised, can prosper. That makes the prognosis for your investments favorable if left in our care, in a trust or agency account. Inquiries invited.

TRUST DEPARTMENT

Valley Bank
AND TRUST COMPANY
Main Office
1351 Main Street, Springfield

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CORLISS ADJUSTMENT BUREAU, Inc.
293 Bridge Street, Springfield 3, Mass.